State of Washington Decision Package

Department of Social and Health Services

DP Code/Title: M1-CM SCC Workload Changes

Program Level - 030 Mental Health

Budget Period: 2003-05 Version: C1 030 2003-05 Fall Update

Recommendation Summary Text:

This request is to fund projected census increases in the Special Commitment Center's (SCC) population.

Fiscal Detail:

Operating Expenditures		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 030 001-1 General Fund - Basic Account-State		2 507 000	4.562.000	7.160.000
001-1 General Fund - Basic Account-State	<u>_</u>	2,597,000	4,563,000	7,160,000
	Total Cost	2,597,000	4,563,000	7,160,000
Staffing		T757 1	EW 2	A
		<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 030 FTEs		27.0	43.4	35.2

Package Description:

This request is for funding at the SCC on McNeil Island, to cover operational costs associated with the program's forecasted average population of 189.4 residents in Fiscal Year 2004 and 215.9 residents in Fiscal Year 2005.

The growth of this program, which continues to operate under a federal court injunction, has increased the workload for the clinical, residential, and administrative staffing positions for support services. In addition, the Department of Corrections (DOC) is requesting that the SCC pick up 3.6 FTEs for hospital watch and escorting residents off-island for medical needs.

This request shows staffing patterns of clinical and residential positions as follows:

Forensic Therapists (FTs) maintain a caseload of 10:13 residents. The FTs are required to meet with assigned residents for weekly individual therapy sessions, ranging from 45 minutes to an hour, based on resident needs. Each FT is responsible for completing progress notes of this session. The FTs are responsible for teaching various psycho-educational modules and for facilitating sex offender treatment groups. The FTs are responsible for evaluating and documenting the resident's participation in these groups/modules and related class completion reports. The Forensic Therapists 2s (FT2s) are further responsible for developing and updating treatment plans and treatment addenda for each resident on their caseload.

The FTs complete trimester reviews for each resident. The FTs who have a caseload of non-treatment residents are required to meet with these individuals for individual counseling sessions bi-weekly to address daily living concerns. It is expected the FTs also encourage these residents to participate in the sex-offender treatment process. The FTs are responsible for developing treatment plans, and teaching various modules and psycho-education classes. All FTs are responsible for attending weekly team and clinical meetings for one to three hours, along with scheduled clinical supervision for one-hour weekly.

Forensic Therapist Supervisors provide clinical and managerial leadership, conduct training for all new employees, conduct in-service training, and provide quality assurance monitoring of treatment groups, charts and treatment plans.

Clinical Psychologists (CPs) maintain a caseload of 10:13 residents. The CPs work with Sex Offender Treatment Groups for about six-hours per week, spend two to three-hours on individual appointments per week, and spend about six-hours on note writing, treatment review, and consultation. Additionally, they teach two psycho-educational modules, which take two-hours per week, plus one-half hour of preparation. Other required activities include evaluations for phase placement and annual review, training, and treatment plan development.

Four of the Psychologist 5s work nearly exclusively on annual reviews of residents and initial commitment evaluations. As

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the resident population increases, their workload increases. The workload also has increased due to recent court efforts to catch up with the demand resulting from a history of delayed trials. Each commitment generates an Annual Review, a function that requires 25 hours, exclusive of deposition and trial time. Committment evaluations each require an additional 100-hours or more to perform. One FTE a month is required, including time for trail and deposition.

The Residential Rehabilitation Counselor 3 (RRC 3) staff provide supervision and a range of duties, including security and emergency response on the living units, resident escort throughout the facility, treatment and treatment planning, notations in residents' records, resident supervision in the yards, during visitation, and during group activities. They are called as witnesses in commitment and Less Restrictive Alternative trials.

With a Recreational Specialist (RS) ratio of staff 1:40 residents, a fourth RS will begin when the population exceeds 160 and a fifth will begin when the population exceeds 200. The RSs provide structured activities for disabled residents in living units and individual and team programs for the gym and yards. They provide the only activity some residents will participate in, which reduces idle time during the long-term treatment for non-consenting residents.

The program forecasted residential population requires an increase to the clinical and residential program administrative support staff. The support staff manage and assist the direct service program activities. The support staff request is proportional to the levels of current SCC support staff.

Corresponding to the anticipated SCC move from McNeil Island Corrections Center to the North Island facility scheduled to open in January 2004, the staffing model is adjusted to achieve a more efficient RRC to resident ratio.

Narrative Justification and Impact Statement

How contributes to strategic plan:

This decision package provides for continued services and staffing based on historical and anticipated population growth at the SCC. This request also supports the Governor's goal of public safety and health by protecting the safety and security of Washington residents.

Performance Measure Detail

Program: 030

Coal: 15	C Site Facilities Within Targeted Counties to Implement	incremental C	nanges
Guai. 13	C Site Facilities within Fargette Countries to Implement	FY 1	FY 2
	SCTF Program	<u> </u>	112
Outcom	ne Measures		
01C	Percent of Special Commitment Center residents participating	21%	24%
	in Phases 5 and 6 of the Treatment Program.		

Reason for change:

This request is a result of anticipated program growth, which is based on an increasing resident population and increases in trials, discovery, and deposition time for civil cases.

Impact on clients and services:

This request is because of continued resident population growth. This growth requires additional resources to respond to the increased workload.

Impact on other state programs:

FINAL

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This request acticipates that SCC will continue to use services of DOC, which include transportation to and from McNeil Island. DOC Correctional Officers are required to escort residents outside the facility.

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

No revisions are required.

Alternatives explored by agency:

Alternatives have been carefully considered, but are limited by RCW 71.09 and requirements imposed by the Federal District Court.

Budget impacts in future biennia:

The cost of providing services to SCC residents will continue into future biennia, as adjusted by changes in the forecast.

Distinction between one-time and ongoing costs:

This request reflects ongoing operational costs for resident care. With the exception of the equipment budget, which will be managed as necessary for replacement equipment, there are no one-time costs in this request.

Effects of non-funding:

Without funding, SCC will not be able to provide adequate and appropriate services to its clients. The program may be placed in jeopardy of non-compliance of the federal court order.

Expenditure Calculations and Assumptions:

See attachment - MHD M1-CM SCC Workload Changes.xls

Object I	<u>Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Progra	m 030 Objects			
Α	Salaries And Wages	824,000	1,354,000	2,178,000
В	Employee Benefits	204,000	350,000	554,000
Е	Goods And Services	(7,000)	21,000	14,000
N	Grants, Benefits & Client Services	1,576,000	2,838,000	4,414,000
	Total Ob	jects 2,597,000	4,563,000	7,160,000

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Department of Social and Health Services

FINAL

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0011 General Fund State	2,597,000	4,563,000	7,160,000
Sources <u>Title</u>			
rogram 030 Fund 001-1, General Fund - Basic Account-State	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>